U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - /3683

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

·	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas E Clark	Name Sheet Metal Workers'International Assc. No.4
	Labor Organization File Number 009-643
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 5-A
Street 1602 Wildcat Bottom Road	Street 663 South Cooper
City Red Banks	City Memphis
State Mississippi ZIP Code + 4 38661	State Tennessee ZIP Code + 4 38104
5. Position in labor organization. Business Representative	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.0. Allound
City	
State ZIP Code + 4	
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

On 8/10/05 662-851-1662
Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

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Name of Person Filing Thomas Clark	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Street	c. Employer	
Сћу		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Memphis TN. Joint Apprenticeship & Training		
Trade Name, if any: Sheet Metal Workers		
P.O. Box, Bldg., Room No., if any Suite 5-A		
Street 663 South Cooper	11.b. Approximate dollar value of such dealing.	
City Memphis	12.a. Nature of interest held or income received. Salary received for being an Instructor for	
State Tennessee ZIP Code + 4 38104	Apprenticeship Program.	
	12.b. Amount. \$2,738	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	